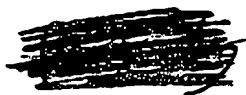


Attn: Venus Williams

Enclosed is a signed copy of the OA
you requested. Sorry for the delay
(my plane home for Christmas left a
day earlier than I expected).

Car

part 1



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DEC 26 2002

GROUP 3600

FROM :

FAX NO. : 5096626665

Dec. 26 2002 02:33PM P2

Serial/Patent No: 09/801,536 Mailing Date: 11/30/2002

Atty. Ref. No.: CSI001 Attorney: Cary R. Tope-M

Title: Truck for Skateboards

Applicant: Neil Straton

The following, due October 22, 2002 in the U.S. Patent & Trademark Office, was received in the U.S. Patent & Trademark Office Mail Room on the date stamped hereon:

<input type="checkbox"/> Regular/Provisional Patent Application	<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> including:	<input checked="" type="checkbox"/> Petition for Extension of Time (2_mths)
<input type="checkbox"/> Pages of Specification, including:	<input type="checkbox"/> Amendment After Final Rejection
<input type="checkbox"/> Claims	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> - page Abstract	<input type="checkbox"/> Letter to Official Draftsperson
<input type="checkbox"/> Formal/Informal Drawings Sheet(s)	<input type="checkbox"/> Notice of Appeal
<input checked="" type="checkbox"/> Transmittal Letter	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> Combined Declaration/Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Assignment with Form PTO 1595	<input type="checkbox"/> Maintenance Fee Transmittal
<input checked="" type="checkbox"/> Fee Calculation Sheet (2 copies)	<input type="checkbox"/> PCT Request Form
<input type="checkbox"/> Priority Document(s)	<input type="checkbox"/> PCT Demand Form
<input type="checkbox"/> IDS w/Form PTO 1449 w/	<input checked="" type="checkbox"/> Check No. 2074 for \$ 200.00
<input type="checkbox"/> references	<input type="checkbox"/> Formalities Letter
<input type="checkbox"/> Credit Card Payment Form for \$	
<input type="checkbox"/> CERTIFICATE OF MAILING/EXPRESS MAIL NO.	

Client Ref./Firm Ref.

☒ Client Copy
☒ Firm Copy
☒ Accounting
☒ Docketed
☒ Copied For Client


PTO/SB/21 (08-00)

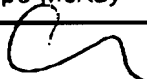
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/801,536	
	Filing Date	03/08/2001	
	First Named Inventor	Straton	
	Group Art Unit	3618	
	Examiner Name	Mar	
Total Number of Pages in This Submission	47	Attorney Docket Number	CSI001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks post card payment by check		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Tope-McKay & Associates
Signature	
Date	11/30/2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/30/2002			
Typed or printed name	Cary Tope-McKay		
Signature		Date	11/30/2002

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/801,536
Filing Date	10/18/1999
First Named Inventor	Straton
Examiner Name	Mar
Group Art Unit	
Attorney Docket No.	CSI001

TOTAL AMOUNT OF PAYMENT (\$) 200.00

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

- ☐
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit card
- ☐
- Money Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$) 200.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	.3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	200.00
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 200.00

SUBMITTED BY

Name (Print/Type) Cary Tope-McKay

Registration No. 41,350

(Attorney/Agent)

Complete (if applicable)

Telephone 310.589.8158

Signature 

Date 11/30/2002

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